

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

XC # 553153
SL # 1855 FILED JUL 11 1957 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57 022982

STATE FILE NUMBER

318

1003

6201

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ILLINOIS b. COUNTY ST. CLAIR		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MISSOURI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN EAST ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETS. ADM. HOSP.		Length of stay in lb 36 DAYS	d. STREET ADDRESS (If outside, give location) 1309 FISHER		Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle D Last WAY			4. DATE OF DEATH Month 7 Day 2 Year 57		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3-9-85	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STEAMFITTER		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) EVANSVILLE, INDIANA		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME JOHN WAY			14. MOTHER'S MAIDEN NAME ANNA HENDERSON		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. 348-05-4128	17. INFORMANT Address VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute lobar pneumonia right					INTERVAL BETWEEN ONSET AND DEATH unk.
Conditions, if any, which gave rise to above cause (b), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 490x					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Chronic cholecystitis. Cholelithiasis.					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour 5:40 Month 7 Day 2 Year 57 a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) VA		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 5-27-57 to 7-2-57 and last saw him alive on 7-2-57 Death occurred at 5:40 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Jack H. Burnett		22b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI		22c. DATE SIGNED 7-3-57	
23a. BURIAL (Specify) Burial		23b. DATE 7/5/57		23c. NAME OF CEMETERY OR CREMATORY National	
23d. LOCATION (City, town, or county) Jefferson Barracks, Mo.		23e. (State)			
24. FUNERAL DIRECTOR John Kasey		ADDRESS East St. Louis, Ill.		25. DATE RECD. BY LOCAL REG. JUL 3 57	
26. REGISTRAR'S SIGNATURE Carl Smith MD					

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined by me, or by N O T E M B A L M E D Student Embalmer No. 100 working under my personal supervision.

Student **Signature of Student Embalmer**

Signed

Licensed Embalmer No... X*

P. O. Address E. St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). **JOHN J. JONES**
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.